

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/02/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445439	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/30/2016
NAME OF PROVIDER OR SUPPLIER MT JULIET HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2650 NORTH MT JULIET ROAD MOUNT JULIET, TN 37122		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000	This Plan of correction constitutes a written allegation of substational compliance with Federal and Medicaid requirements and state requirements when necessary.		
F 371 SS=F	<p>During annual recertification survey conducted on 11/28/16 - 11/30 16 at Mt. Juliet Health Care Center, no deficiencies were cited in relation to Complaint #39887 under 42 CFR PART 483, Requirements for Long Term Care Facilities.</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain food preparation equipment and serving equipment in a clean and sanitary manner affecting 63 of 63 residents.</p> <p>The findings Included:</p> <p>Observation on 11/28/16 at 2:08 PM in the dietary department with the Dietary Supervisor present revealed 5 of 9 steam table pans stored under the steam table and ready for use with dried debris. Continued observation revealed 8 of 9 full sheet cake pans and 2 of 4 half-sheet cake pans stored on a rolling rack and ready for use with dried food particles. Continued observation revealed the can opener attached to edge of table had an</p>	F 371	<p>F 371 Store/Prepare/Serve-Sanitary</p> <p>1. All steam table pans, can opener, full and half sheet cake pans were immediately cleaned or replaced.</p> <p>2. An audit of all cookware for cleanliness was completed and any items needing action was immediately taken.</p> <p>3. All dietary staff have been re-educated on cleaning of equipment. Cleaning schedules have been updated as necessary. All items were reviewed for replacement and those items replaced as necessary.</p> <p>4. Food Service Director and/or designee will audit cleanliness of cookware weekly for four weeks, bi-monthly thereafter. All audits will be reviewed at monthly QA meeting attended by administrator and IDT for any trends and necessary cahnges.</p>	1/13/17	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Kim R. [Signature], MPH

TITLE

Unit Administrator

(X6) DATE

12/15/16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 371	Continued From page 1 accumulation of metal shavings and dried debris. Interview with the Dietary Supervisor on 11/28/16 at 2:13 PM in the dietary department confirmed the facility failed to maintain the food prep equipment and serving equipment in a clean and sanitary manner.	F 371			